PTO/SB/21 (07-06)

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FORM 3 1 6 2007			Application Number	er	December 5, 2003		
			Filing Date				
			First Named Inven	itor	Roger Thomas		
			Art Unit	. ,	3725		
(to be see for all correspond	Examiner Name		Self, Shelley M.				
(to be statember of Pages in This Submission 13			Attorney Docket Number P-US-P			1111	
		ENCLO	SURES (check all the	at apply)			
Fee Transmittal Form		Drawing(s			After Allo	owance Communication to TC	
			-related Papers		Appeal Communication to Board of Appeals and Interferences		
✓ Amendment / Reply					or Appears and Interrerences Appear Communication to TC (Appear Notice, Brief, Reply Brief)		
After Final			Convert to a al Application	Proprietary Information			
. Affidavits/declaration	n(s)		Attorney, Revocation of Correspondence Add	Status Letter			
Extension of Time Requ		Terminal	Disclaimer		Other Enclosure(s) (please identify below):		
Express Abandonment Request			or Refund				
_			ndscape Table on CD				
Certified Copy of Priority Document(s)	Re	emarks					
Reply to Missing Parts/ Incomplete Application							
Reply to Missing Pa under 37 CFR1.52							
	SIGNAT	URE OF	APPLICANT, ATTO	RNEY, O	R AGENT		
Firm Black		Black & Decker Inc.					
Signature			Joseph ? Le	n /			
Printed Name Jose		eph F. Key	0	0			
Date Feb		bruary 16, 2007 Reg. No.			44,827		
	CE	RTIFICA	TE OF TRANSMIS	SION/MA	ILING		
I hereby certify that this con Service with sufficient pos Alexandria, VA 22313-1450	tage as first cl	ass mail	in an envelope addre	the USPTO	O or deposited Commissioner	with the United States Posta for Patents, P.O. Box 1450	
Signature	Delro	e S.	Lungden				
Typed or printed name Delrose S. Lumsden					Date	February 16, 2007	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Complete if Known

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Fees pursuant to the Consolidated	Appropriat	ions Act, 2005 (F	I.K. 4010).		10/729,232			
RA 1 6 200FEEE TRANSMITTAL			Application Number					
for FY 2006				Filing Date	December 5, 2003			
300/	_		First Named Inventor	Roger Thomas				
TRACE Eant claims small er	ntity statu	s. See 37 CFF	₹ 1.27	Examiner Name	Self, Shelly M.			
TOTAL AMOUNT OF DAVM	ENT (S	310.00		Art Unit	3725	3725		
TOTAL AMOUNT OF PAYMENT ((\$) 310.00		Attorney Docket No.	P-US-PR-1111	2-US-PR-1111		
METHOD OF PAYMENT (check all	that apply)						
☐ Check ☐ Credit Card	☐ Mone	ey Order 🔲 1	None 🔲 (Other (please identify	/):			
Deposit Account Deposit	t Account	Number: 02-25	48	Deposit Acco	ount Name: Blac	ck & Decker Inc		
For the above-identi	fied depos	sit account, the	Director is h	ereby authorized to:				
Charge fee(s)	indicated	l below		Char	ge fee(s) indica	ted below, excep	t for the filing fee	
Charge any a Under 37 CF WARNING: Information on this formation on the second control of	R 1.16 an orm may b	d 1.17 ecome public. C		· · ·	it any overpaym e included on thi		edit card	
information and authorization or	PTO-2038	3.						
FEE CALCULATION	211 4112	CVARINATI	ON FEEC		-		· ·	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SE				ARCH FEES	EXAMII	NATION FEES		
		Small Entity		Small Entit		Small Entity		
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-	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	6						Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (include			`			50 200	25 100	
Each independent claim or Multiple dependent claims		luding Reissue:	s)			360	180	
Total Claims	Extra C	laims Fe	ee(\$)				Dependent Claim	
-20 or HP=		x _	=			Fee (\$		
HP = highest number of tota	l claims pa	id for, if greater th	nan 20.					
	Extra C		ee(\$)	Fee Paid (\$)				
3 or HP=		× _	=					
HP = highest number of inde	ependent c	laims paid for, if g	reater than 3.					
3. APPLICATION SIZE FI	EE							
If the specification and draw	vings exc	eed 100 sheets	of paper (e)	due is \$250 (\$125 fo	iy iiiea sequenc ir small entity) f	e or computer for each addition:	al 50	
sheets or fraction th	ereof. Se	e 35 U.S.C. 41	(a)(1)(G) an	d 37 CFR 1.16(s).	i sinan chicity) i	01 04011 440111011		
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4. OTHER FEE(S)							Fees Paid (\$)	
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Other (e.g., late fili	ng surcha	rge) : IDS & D	isclaimer fee				<u>310.00</u>	
SUBMITTED BY		100						
	/ [XULUY		Registration No.	44,827	Telephoi	ne 410-716-2830	
	/ 100-2							
Signature Name (Print/Type) Joseph	- 17	KN 1 - 3-		(Attorney/Agent)	71,027	Date	February 16, 2	